



CONSENT FOR PHOTOGRAPHY, VIDEOTAPING OR PUBLICATION

I, _____ do hereby voluntarily participate and give authorization to appear in filming, photographs, videotaping and/or interviews for True Smiles public relations and advertising. I do hereby consent to the unlimited use of such product or interview in True Smiles publications and/or website, news media reports, newspapers, magazine or television.

I do hereby release True Smiles, its agents and employees from all liability in connection with the above. I waive any right to inspect or approve the finished product or the advertising or other copy that may be used in connection with the above. I hereby consent to the above, without expectation of remuneration to me now or in the future, and this shall be binding upon my heirs, personal representative and assigns.

I agree to allow my records to be reviewed by other dentists of True Smiles for the purpose of peer reviews.

Patient

Date